

# Foster Family Home - Corrective Action Report

Provider ID: 1-130027

Home Name: Marjorie Yago, CNA

94-206 Kupuna Loop

Waipahu HI 96797

Review ID: 1-130027-7

Reviewer: David Ayling

Begin Date: 10/10/2019

## Foster Family Home

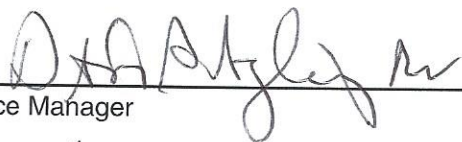
## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/10/19.  
Home is in compliance with all requirements. Home will receive a 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

10/10/19  
Date

10/10/19  
Date